

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

04766

| | | | |
|--|---------------------------|---|---------------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN North East Rural | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) (Middle) (Last) CONELIA VAILL ABRAMS | | 4. DATE OF DEATH (Month) (Day) (Year) May 3 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH July 3 1876 |
| 9. AGE last birthday 74 yrs. | | 10. BIRTHPLACE (State or foreign country) Cecil Co. Md. | |
| 11. BIRTHPLACE (State or foreign country) Cecil Co. Md. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Edward Smith | | 14. MOTHER'S MAIDEN NAME Hanna Guthrie | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY No. — | |
| 17. INFORMANT AND ADDRESS Ernest Abrams North East Md. | | | |

| | | | | | |
|--|--|---|--|---|--|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| Immediate cause (a) Arteriosclerotic Cardio-vascular disease | | | | Unknown | |
| Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from April 29, 1951, to May 3, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above. | | | | | |
| SIGNATURE J. K. Andrews Jr. | | (Degree or title) M.D. | | ADDRESS Elkton, Md. | |
| DATE SIGNED May 4, 1951 | | | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | | DATE May 6 1951 | | NAME OF CEMETERY OR CREMATORY Bay View | |
| LOCATION (City, town, or county) near North East Md. | | (State) Md. | | | |
| DATE REC'D BY LOCAL REG. May 3-51 | | REGISTRAR'S SIGNATURE Sarah E. Rothman | | 24. FUNERAL DIRECTOR J. E. Tyson Rising Sun, Md. | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | | | |
|---|------------------------|--|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Virginia COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Charlottesville, Va. | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) 1114 East High Street | |
| 3. NAME OF DECEASED (Type or Print) JOHN H. AMOS | | 4. DATE OF DEATH (Month) (Day) (Year) May 27 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 9-15-1888 |
| 9. AGE last birthday 62 yrs. | | 10. BIRTHPLACE (State or foreign country) Virginia | |
| 11. CITIZEN OF WHAT COUNTRY? USA | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Charles Thompson Amos | | 14. MOTHER'S MAIDEN NAME Nannie Virginia Richardson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pulmonary tuberculosis, bilateral, far advanced

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF injury bldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☒ No ☐

22. I hereby certify that I attended the deceased from 3-22, 1950, to May 27, 1951, that I last saw the deceased

alive on 10-10-51 and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. OPLER, M.D., ACTING Chief Professional Services, VAH, Perry Point, Md.

5-28-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 28, 1951 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

PENNINGTON & SON, Gavre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | | | |
|---|------------------------|--|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE District of Columbia COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Washington | |
| TOWN Perry Point | | TOWN Washington | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) 941 - 9th Street, N.W. | |
| 3. NAME OF DECEASED (First) KENNETH (Middle) B. (Last) ARMSTRONG | | 4. DATE OF DEATH (Month) May (Day) 16 (Year) 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 9-30-1906 |
| 9. AGE last birthday 44 yrs. | | 10. If under 1 year Months Days Hours Min. | |
| 11. BIRTHPLACE (State or foreign country) New Jersey | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Harry Armstrong - Deceased | | 14. MOTHER'S MAIDEN NAME Mary Lindaburg - Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (service) WW II | | 16. SOCIAL SECURITY NO. 144-14-2447 | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH
7 days

Immediate cause

(a) Pneumonia, Bronchial, bilateral due to

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Carcinoma of large bowel with metastasis to the stomach, liver and lymph nodes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to May 16, 1951, that I last saw the deceased

and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE W. Oppler

(Degree or title)

ADDRESS

DATE SIGNED

W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md.

5-17-51

| | | | | |
|---|----------------------|--|---|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5-17-51 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. | (State) |
|---|----------------------|--|---|---------|

DATE REC'D BY LOCAL REG. May 17, 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 21 1961
FBI WASH DC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04769

CERTIFICATE OF DEATH

Reg. Dist. No. 92

| | | | |
|---|--------------------|--|---|
| 1. PLACE OF DEATH COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Elkton | | CITY (If outside corporate limits, write RURAL and give nearest town) Elkton | |
| TOWN Elkton | | TOWN Elkton | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 E. Main St. | | STREET ADDRESS (If rural give location) 200 E. Main St. | |
| 3. NAME OF DECEASED (First) Eloise | (Middle) W. | (Last) Ash | 4. DATE OF DEATH (Month) May (Day) 30 (Year) 1951 |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Mar. 11, 1872 |
| | | | 9. AGE last birthday 79 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11. BIRTHPLACE (State or foreign country) Fredricktown, Md. | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13. FATHER'S NAME Benjamin F. Walmsley | | 14. MOTHER'S MAIDEN NAME Frances W. Briscoe | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) | | 16. SOCIAL SECURITY No. | |
| (If yes, give war or dates of service) | | 17. INFORMANT Mr. Reynolds Ash Elkton, Md. | |

| | | |
|---|---|---|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) Hemia | | 1 day |
| Antecedent cause(s) (b) Chronic interstitial nephritis | | 1 year |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Endocarditis | | 5 years |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1925, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED 5/31/51

| | | | |
|---|------------------------------------|---|---|
| 23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 2/51 | NAME OF CEMETERY OR CREMATORY Elkton Cemetery | LOCATION (City, town, or county) Elkton Md. |
| DATE REC'D BY LOCAL REG. June 2 | REGISTRAR'S SIGNATURE H. W. Pippin | 24. FUNERAL DIRECTOR H. W. Pippin & Son Elkton, Md. | |

By H. W. Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU

JUN 4 1957

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

04770

| | | | |
|--|--|--|--------------------------------------|
| 1. PLACE OF DEATH- COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural-Chesapeake City</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural-Chesapeake City</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Pauline</u> | (Middle) <u>BARBARA</u> | (Last) <u>A</u> |
| 4. DATE OF DEATH | (Month) <u>May</u> | (Day) <u>18</u> | (Year) <u>1951</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Wh.</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 27, 1885</u> |
| 9. AGE last birthday <u>65</u> yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 11. BIRTHPLACE (State or foreign country) <u>Austra</u> | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME <u>Philip Trush</u> | 14. MOTHER'S MAIDEN NAME <u>No information</u> | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY No. <u>61</u> | 17. INFORMANT AND ADDRESS <u>Andrew Barabura</u> | 18. MEDICAL CERTIFICATION | |

| | | |
|---|------------------------------|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause | (a) <u>Meningitis</u> | <u>3 days</u> |
| Antecedent cause(s) | (b) <u>Diabetes mellitus</u> | <u>10 years</u> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 1942, to May 18, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 7:05 A.M. from the causes and on the date stated above.

SIGNATURE Dr. Morris ADDRESS Chesapeake City, Md. DATE SIGNED 5/19/51

| | | | |
|---|---|---|---|
| 23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | DATE <u>May 21, 1951</u> | NAME OF CEMETERY OR CREMATORY <u>St. Roses</u> | LOCATION (City, town, or county) (State) <u>Chesapeake City, Md.</u> |
| DATE REC'D BY LOCAL REG. <u>May 20-1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. J. J. Pippin</u> | 24. FUNERAL DIRECTOR <u>N. W. Pippin & Son</u> | ADDRESS <u>ELKTON, Md.</u> |

RECEIVED
MAY 28 1954
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04771

Reg. Dist. No. *92*

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH - COUNTY <i>Cecil</i> | | 2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Ind.</i> COUNTY <i>Cecil</i> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <i>Elkton</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) <i>Elkton</i> | |
| TOWN <i>Elkton</i> | | TOWN <i>Elkton</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>139 Collins</i> | | STREET ADDRESS (If rural, give location) <i>139 Collins</i> | |
| 3. NAME OF DECEASED (Type or Print) <i>ANNIE</i> (First) (Middle) (Last) <i>BOWSER</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>5 15 51</i> | |
| 5. SEX <i>F.</i> | 6. COLOR OR RACE <i>E</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, <i>Married</i> | 8. DATE OF BIRTH <i>May 25 1879</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <i>Elkton Ind.</i> |
| 13. FATHER'S NAME <i>Charles H Bowser</i> | | 14. MOTHER'S MAIDEN NAME <i>Hannah Emory</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service) | | 17. INFORMANT <i>John F. Bowser</i> | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cerebral Accident*

Antecedent cause(s)

(b) *830* Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 19

J. H. Trazer

John R. Bell

909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 21 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04772

Reg. Dist. No.

| | | | |
|---|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Corrington</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Corrington</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) <u>JAMES</u> (First) <u>Clayton</u> (Middle) <u>Burgarner</u> (Last) | | 4. DATE OF DEATH (Month) <u>5</u> (Day) <u>3</u> (Year) <u>1971</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 23, 1913</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver & Train</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State Road</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Crumpler N.C.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Charles Bumgardner</u> | | 14. MOTHER'S MAIDEN NAME <u>Cora Taylor</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>229-01-0583</u> | |
| 17. INFORMANT <u>Charles Bumgardner</u> | | 234 S. Third St. <u>Oxford Pa.</u> | |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Coronary disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

120.1
94a

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 3-1971

Edmond Wainwright

J. E. Tyson

Rising Sun, Ind.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

MAY 4 1951

DEPT. OF JUSTICE
WASHINGTON, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *96*

| | | | |
|--|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH- COUNTY <i>Cecil</i> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Cecil</i> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <i>Port Deposit, Rural</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) <i>Port Deposit, Rural</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) <i>Am os</i> (Middle) <i>Mitchener</i> (Last) <i>Burlin</i> | | 4. DATE OF DEATH (Month) <i>5-27-1951</i> (Day) <i>19</i> (Year) | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>7-18-1876</i> |
| 9. AGE last birthday <i>74</i> yrs. | | 10. AGE last birthday (If under 1 year Months) (If under 24 hrs. Days) (Hours) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Locomotive Engineer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>P R R</i> | |
| 11. BIRTHPLACE (State or foreign country) <i>Maryland</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |
| 13. FATHER'S NAME <i>William J. Burlin</i> | | 14. MOTHER'S MAIDEN NAME <i>Katherine Hall</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>717-07-6055</i> | |
| 17. INFORMANT AND ADDRESS <i>Eva M. Burlin, Port Deposit, Md. R D</i> | | | |

| | | |
|--|--|----------------------------------|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| (a) Immediate cause <i>Carcinoma of Prostate</i> | | <i>15 months</i> |
| (b) Antecedent cause(s) <i>Metastasis Long Bones</i> | | <i>6 months</i> |
| (c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | |

| | | |
|---|---|--|
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT (Specify) <i>SUICIDE</i> | PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>HOMICIDE</i> | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from *Feb-*, 19*1950*, to *May 27*, 19*51*, that I last saw the deceased alive on *May 27*, 19*51*, and that death occurred at *8:52* p.m., from the causes and on the date stated above.

| | |
|--|---|
| SIGNATURE <i>Clarence J. Benson, M.D.</i> | DATE SIGNED <i>5/28/51</i> |
| 23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i> | DATE THEREOF <i>5-30-1951</i> |
| NAME OF CEMETERY OR CREMATORY <i>Hopewell</i> | LOCATION (City, town, or county) (State) <i>Port Deposit, Md. Rural</i> |
| DATE REC'D BY LOCAL REG. <i>May 30, 1951</i> | REGISTRAR'S SIGNATURE <i>Ida M. Daugherty</i> |
| 24. FUNERAL DIRECTOR <i>Lee A. Patterson & Son</i> | |
| ADDRESS <i>Perryville, Md.</i> | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1961
F A OVERSTON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04774

CERTIFICATE OF DEATH

Reg. Dist. No. 92

| | | | | | |
|---|-------------------------------|--|--|--|---|
| 1. PLACE OF DEATH- COUNTY <u>Cecil</u> | | MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patton</u> | | LENGTH OF STAY (in this place) <u>2 days</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berry Point</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Union Hospital</u> | | | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Thomas M. Calvert</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1957</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 26, 1894</u> | 9. AGE last birthday <u>73</u> yrs. | If under 1 year If under 24 hrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | | 11. BIRTHPLACE (State or foreign country) <u>md</u> | |
| 13. FATHER'S NAME <u>William Calvert</u> | | 14. MOTHER'S MAIDEN NAME <u>Mary Ellen Boyd</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY No. <u>210</u> | | 17. INFORMANT AND ADDRESS <u>Sarah Calvert, Berry Point, Md</u> | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Diabetic coma

Antecedent cause(s)

(b)

Coronary vascular

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) <u>SUICIDE</u> | PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u> | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 5/24, 1957, to 5/26, 1957, that I last saw the deceased alive on 5/24, 1957, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|--|--|--|---|-------------------|
| 23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | DATE THEREOF <u>5-29-1957</u> | NAME OF CEMETERY OR CREMATORY <u>Berry Point</u> | LOCATION (City, town, or county) <u>Berry Point, Md</u> | (State) <u>Md</u> |
| DATE REC'D BY LOCAL REG. <u>May 28</u> | REGISTRAR'S SIGNATURE <u>W. D. Baker</u> | 24. FUNERAL DIRECTOR <u>W. D. Baker</u> | ADDRESS <u>Berry Point, Md 58356</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1961
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

04775

| | | | |
|---|------------------------|---|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Calvert | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Huntingtown | |
| TOWN | | TOWN | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) JAMES (Middle) (Last) CHEN | | 4. DATE OF DEATH (Month) May (Day) 26 (Year) 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 5-12-1896 |
| 9. AGE last birthday 55 yrs. | | 10. If under 1 year Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | |
| 11. BIRTHPLACE (State or foreign country) Prince Frederick Co., Md. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Perry Chew | | 14. MOTHER'S MAIDEN NAME Martha Chew (Maiden Name unknown) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | 16. SOCIAL SECURITY No. None | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

18. MEDICAL CERTIFICATION

| | | |
|--|--|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Peritonitis, diffuse due to | | |
| Antecedent cause(s) (b) Intestinal obstruction due to | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of rectum | | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 3, 1951, to May 26, 1951, that I last saw the deceased

and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE W. Oppie, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 5-28-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-28-51 NAME OF CEMETERY OR CREMATORY Unknown LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 28, 1951 REGISTRAR'S SIGNATURE Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04776

Reg. Dist. No. 92

| | | | |
|---|-------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH COUNTY <i>Cecil</i> | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Pa.</i> COUNTY <i>Philadelphia</i> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <i>Elkton</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) <i>Philadelphia</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Elmwood Hospital</i> | | STREET ADDRESS (If rural, give location) <i>1950 S. Bonnell</i> | |
| 3. NAME OF DECEASED (Type or Print) <i>CHARLES</i> (First) <i>Edward</i> (Middle) <i>CLARK.</i> (Last) | | 4. DATE OF DEATH Month <i>5</i> Day <i>19</i> Year <i>1951</i> | |
| 5. SEX <i>M.</i> | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>10-6-1921</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>S. J. Marine Corp.</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Marine Corp.</i> | 9. AGE last birthday <i>23</i> yrs. |
| 11. BIRTHPLACE (State or foreign country) <i>Penn. Pa.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i> | |
| 13. FATHER'S NAME <i>Merle Clark.</i> | | 14. MOTHER'S MAIDEN NAME <i>Dorn.</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>178-20-7303</i> | |
| 17. INFORMANT <i>Florence G. Garmor.</i> | | | |

18. MEDICAL CERTIFICATION

| | | |
|--|--|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| (a) Immediate cause <i>Compound fracture of skull with loss of brain tissue</i> | | |
| (b) Antecedent cause(s) <i>822.5 Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last</i> | | |
| (c) <i>170c</i> | | |

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| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
|---|--|

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | | |
|---|--|-----------------------|--------------------|
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, or office, etc.) <i>Home 40</i> | CITY OR TOWN <i>Elkton Rural Cecil Md.</i> | (COUNTY) <i>Cecil</i> | (STATE) <i>Md.</i> |
| TIME (Month) (Day) (Year) (Hour) (Minute) <i>5 19 51 7 25</i> | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | | |
| HOW DID INJURY OCCUR? <i>Car turned over & threw him out</i> | | | |

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) *R. L. Dockson M.D. D.M.E.* ADDRESS *Perryman Md.* DATE SIGNED *6/19/51*

| | | | |
|--|---|--|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i> | DATE THEREOF <i>5/20/1951</i> | NAME OF CEMETERY OR CREMATORY <i>Quantico</i> | LOCATION (City, town, or county) <i>Pa.</i> |
| DATE REC'D BY LOCAL REG. <i>May 20</i> | REGISTRAR'S SIGNATURE <i>J. H. Frager</i> | 24. FUNERAL DIRECTOR <i>H. W. Pippin & Son</i> | ADDRESS <i>Elkton, Md</i> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

595116

RECEIVED
MAY 22 1961
BUREAU A. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04777

Reg. Dist. No. 96

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH- COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>District of Columbia</u> COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Perry Point</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Veterans Administration Hospital</u> | | STREET ADDRESS (If rural, give location) <u>1330 N. Capitol Street</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>WILLIAM</u> (Middle) <u>O.</u> (Last) <u>COUSINS</u> | 4. DATE OF DEATH | (Month) <u>May</u> (Day) <u>4</u> (Year) <u>1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5-28-1890</u> |
| 9. AGE last birthday <u>60</u> yrs. | | 10. BIRTHPLACE (State or foreign country) <u>Virginia</u> | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>William Cousins - Deceased</u> | | 14. MOTHER'S MAIDEN NAME <u>Sarah Harris - Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | |
| 17. INFORMANT AND ADDRESS <u>Hospital Records, VAH, Perry Point, Md.</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma of thyroid with localized and generalized metastasis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.)

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☒ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1951, to May 4, 1951, that I last saw the deceased live on April 9, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E.P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

5-7-51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 7 1951

Eda M. Longherty

Pennington & Son

Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04778

Reg. Dist. No. 91

| | | | |
|--|--------------------------------------|--|--|
| 1. PLACE OF DEATH COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Worwick</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Worwick</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Water St. Elsie Turner</u> | | STREET ADDRESS (If rural give location) <u>Water Street, Elsie Turner's Res</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Steven</u> | (First) (Middle) (Last) <u>Davis</u> | 4. DATE OF DEATH | (Month) (Day) (Year) <u>5 8 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 10 1892</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 9. AGE last birthday <u>58</u> yrs. If under 1 year Months Days Hours Min. |
| 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME <u>unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT <u>Elder Davis</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) congestive Heart Failure 2nd day 24 hours

Antecedent cause(s)

(b) coronary occlusion.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from May 8, 1951, to May 8, 1951, that I last saw the deceased

alive on May 9, 1951, and that death occurred at 7 25 25 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Wallace O. Newham M.D. Cecilton, Md. May 9 1951
was also seen by Dr. Lee Middleton Del. Cecilton, Md.

| | | | | |
|--|--------------------|-------------------------------|----------------------------------|-----------|
| 23. BURIAL (CREMATION REMOVAL) (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| <u>Burial</u> | <u>May 12-1951</u> | <u>Cecilton</u> | <u>Cecilton</u> | <u>Md</u> |

| | | | |
|--------------------------|------------------------------|-----------------------|---------------|
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>May 11-1951</u> | <u>Dr. Wallace O. Newham</u> | <u>Harold Cheyney</u> | <u>820105</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *92*

04779

Douglas

| | | | |
|---|-----------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH- COUNTY <i>Cecil</i> | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Chesapeake City</i> COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <i>Elkton</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) <i>Chesapeake City</i> | |
| TOWN <i>Elkton</i> | | TOWN <i>Chesapeake City</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Union Hospital</i> | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>WALTER R. DOUGLAS</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 18 1951</i> | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>Wh.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>Mar. 12, 1880</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Head Dishman</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Comm. Fish.</i> | 9. AGE last birthday <i>71</i> yrs. |
| 11. BIRTHPLACE (State or foreign country) <i>Chesapeake City, Md.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>US</i> | |
| 13. FATHER'S NAME <i>James Douglas</i> | | 14. MOTHER'S MAIDEN NAME <i>Jessie Daily</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS <i>James Douglas 2633 E. Clarendon St Phila., Pa.</i> | | | |

| | | | |
|---|--|---------------------------|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <i>Cirrhosis of Liver</i> | | | <i>2 months</i> |
| Antecedent cause(s) (b) <i>Chronic alcoholism</i> | | | <i>3 years</i> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>124a</i> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | | | | |
|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, office bldg., etc.) INJURY | | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from *Mar 13, 1951*, to *May 18, 1951*, that I last saw the deceased alive on *May 17, 1951*, and that death occurred at *8:15 a.m.*, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| SIGNATURE <i>Walter Douglas M.D.</i> | | ADDRESS <i>Chesapeake City Md</i> | | DATE SIGNED <i>5/18/51</i> | |
| 23. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i> | | DATE <i>May 22/51</i> | | NAME OF CEMETERY OR CREMATORY <i>Cherry Hill (Parker Bend) Grd.</i> | |
| LOCATION (City, town, or county) (State) <i>Elkton, Md.</i> | | 24. FUNERAL DIRECTOR <i>Wm. L. Apperson</i> | | ADDRESS <i>Elkton, Md.</i> | |
| DATE REC'D BY LOCAL REG. <i>May 22</i> | | REGISTRAR'S SIGNATURE <i>Wm. L. Apperson</i> | | | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

04780

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH- COUNTY <i>Cecil</i> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Pa</i> COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Elkton</i> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Altoona</i> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Union Hospital</i> | | STREET ADDRESS <i>1515 22d Ave</i> | |
| 3. NAME OF DECEASED (Type or Print) <i>Emma</i> | | (Last) <i>Fleck</i> | |
| 5. SEX <i>F</i> | | 6. COLOR OR RACE <i>W</i> | |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i> | | 8. DATE OF BIRTH <i>Jan 24, 1898</i> | |
| 9. AGE last birthday <i>53</i> yrs. | | 10. DATE OF DEATH <i>5</i> (Month) <i>6</i> (Day) <i>1951</i> (Year) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i> | |
| 11. BIRTHPLACE (State or foreign country) <i>Altoona Pa.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13. FATHER'S NAME <i>Christian Fallman</i> | | 14. MOTHER'S MAIDEN NAME <i>Anna Marie Maier</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS <i>Albert L. Fleck.</i> | | | |

| | | | |
|---|--|---|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause | | (a) <i>Circulatory Failure</i> | <i>14 hours</i> |
| Antecedent cause(s) | | (b) <i>Pulmonary Embolus</i> | <i>14 hours</i> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | (c) <i>Metastatic Ca to Lung from Breast to Pleura & Mediastinum.</i> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION <i>April - 1949</i> | | 19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Breast</i> | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |
| | | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from *Jan. 11*, 19*51*, to *May 6*, 19*51*, that I last saw the deceased alive on *May 6*, 19*51*, and that death occurred at *4:30 P.* m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| SIGNATURE <i>Frank L. Engl. M.D.</i> | | (Degree or title) | | ADDRESS <i>Oxford Panna</i> | | DATE SIGNED <i>May 6/1951</i> | |
| 23. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i> | | DATE <i>5-6-51</i> | | NAME OF CEMETERY OR CREMATORY <i>Altoona</i> | | LOCATION (City, town, or county) (State) <i>Pa.</i> | |
| DATE REC'D BY LOCAL REG. <i>May 6</i> | | REGISTRAR'S SIGNATURE <i>F. H. Traeger</i> | | 24. FUNERAL DIRECTOR <i>H. W. Pippin & Son</i> | | ADDRESS <i>Elkton Md.</i> | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04781
Reg. Dist. No. 96

| | | | |
|---|------------------------|--|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE District of Columbia COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Washington | |
| TOWN | | TOWN | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) 1119 - 2nd Street, S.E. ✓ | |
| 3. NAME OF DECEASED (First) ALONZO (Middle) (Last) GREEN | | 4. DATE (Month) (Day) (Year) OF DEATH May 23 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 8-16-1892 |
| 9. AGE last birthday 58 yrs. | | 10. If under 1 year Months Days Hours Min. | |
| 11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 11b. KIND OF BUSINESS OR INDUSTRY | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. BIRTHPLACE (State or foreign country) Maryland | |
| 14. FATHER'S NAME Frank Green - Deceased | | 15. MOTHER'S MAIDEN NAME Emma Warren - Deceased | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 17. SOCIAL SECURITY No. None | |
| 18. (If yes, give war or dates of service) WW I | | 19. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Pneumonia, bronchial, bilateral due to

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma, squamous, cell type, of the penis, with metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from May 2, 1951, to May 23, 1951, that I last saw the deceased

alive on May 23, 1951, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. P. BRANNON, M.D. Chief Professional Services, VAH, Perry Point, Md. 5-24-51

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 5-24-51 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. May 24-51 REGISTRAR'S SIGNATURE Act Reg. 24. FUNERAL DIRECTOR ADDRESS Barnes & Matthews 614-4th St. S.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

04782

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH- COUNTY <u>Calverton</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Salisbury</u> COUNTY <u>Wic.</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkton</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Union Hospital</u> | | STREET ADDRESS <u>Rd.</u> (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>?</u> (Last) <u>Green</u> | | 4. DATE OF DEATH <u>May 2nd 1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 3-1903</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Wife</u> | 9. AGE last birthday <u>47</u> yrs. <u>9</u> months <u>28</u> hours <u></u> min. |
| 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | |
| 13. FATHER'S NAME <u>George Hasbun</u> | | 14. MOTHER'S MAIDEN NAME <u>No Information</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY No. <u></u> | |
| 17. INFORMANT AND ADDRESS <u>Betty Jackson 500 Clamer St Rd</u> | | | |

| | | | |
|---|--|---------------------------|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <u>Cerebral hemorrhage</u> | | | <u>19</u> |
| Antecedent cause(s) (b) <u>Hypertension</u> | | | <u>?</u> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | | | | |
|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Apr 13, 1957, to May 2, 1957, that I last saw the deceased alive on May 1st, 1957, and that death occurred at May 2 2:10 p.m., from the causes and on the date stated above.

SIGNATURE E. H. Wright, M.D. ADDRESS Elkton Md. DATE SIGNED May 2 1957

| | | | | |
|---|--|---|--|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | DATE <u>May 5 1957</u> | NAME OF CEMETERY OR CREMATORY <u>North Howard</u> | LOCATION (City, town, or county) <u>Salisbury</u> (State) <u>Md</u> |
| DATE REC'D BY LOCAL REG. <u>May 2</u> | | REGISTRAR'S SIGNATURE <u>E. H. Wright</u> | 24. FUNERAL DIRECTOR <u>H. W. Pippin & Son</u> <u>Elkton Md.</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

MAY 4 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

04783

| | | | |
|--|------------------------|--|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE District of Columbia COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Washington | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) 2138 N. Street, N.W. | |
| 3. NAME OF DECEASED (First) LONNIE (Middle) (Last) HOUGH | | 4. DATE OF DEATH (Month) May (Day) 3 (Year) 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 4-29-1890 |
| 9. AGE last birthday 61 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | |
| 11. BIRTHPLACE (State or foreign country) South Carolina | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Jim Hough - Deceased | | 14. MOTHER'S MAIDEN NAME No Record | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes WW I | | 16. SOCIAL SECURITY No. Unknown | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Carcinoma of stomach with generalized metastasis to peritoneal cavity and chest organs

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from April 3, 1951, to May 3, 1951, that I last saw the deceased

on May 3, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)

ADDRESS

DATE SIGNED

E.P. BRANNON, M.D. Chief Professional Services, VAH, Perry Point, Md.

5-7-51

| | | | | |
|---|---------------------------------------|--|---|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5-7-51 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. | (State) |
| DATE REC'D BY LOCAL REG. May 7, 1951 | REGISTRAR'S SIGNATURE Ida M. Wangbury | 24. FUNERAL DIRECTOR Pennington & Son | ADDRESS Havre de Grace, Md. | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04784

CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | | | |
|---|------------------------|--|-----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Fallston | |
| TOWN | | TOWN | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (First) SAMUEL (Middle) M. (Last) JAMESON | | 4. DATE OF DEATH (Month) May (Day) 22 (Year) 19 51 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 11-10-1888 |
| 9. AGE last birthday 62 yrs. | | 10. If under 1 year Months Days Hours Min. | |
| 11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Solicitor | | 11b. KIND OF BUSINESS OR INDUSTRY Broker | |
| 12. FATHER'S NAME Alphonse Jameson - Deceased | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. MOTHER'S MAIDEN NAME Julia D. Clark - Deceased | | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY No | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | 18. MEDICAL CERTIFICATION | |

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Pneumonia, bronchial due to

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c) Huntington's Chorea with neurotrophic skin changes and secondary infection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Oct. 3, 1948, to May 22, 1951, that I last saw the deceased

live on Oct. 3, 1948, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. J. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

5-22-51

| | | | | |
|---|----------------------|--|--|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5-22-51 | NAME OF CEMETERY OR CREMATORY Little Falls | LOCATION (City, town, or county) Fallston, Md. | (State) |
|---|----------------------|--|--|---------|

DATE REC'D BY LOCAL REG. May 22, 1951

REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS, North & Pa. Aves. Balto, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

04785

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) Elbtown | | CITY (If outside corporate limits, write RURAL and give nearest town) Elbtown | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital | | STREET ADDRESS (If rural, give location) Rural 5 | |
| 3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) B. (Last) JAYNES | | 4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH 12-9-1870 |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Providence, R.I. |
| 13. FATHER'S NAME Joseph Russell | | 14. MOTHER'S MAIDEN NAME Sarah Jamison | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS Harvey Borland Elbtown Rd. | | | |

| | | | | |
|---|---|----------------------------------|---------------------------|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Cerebro-Vascular Accident | | | | 12 days |
| Antecedent cause(s) (b) Hypertensive Cardiovascular disease | | | | Over 1 year |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arrhythmia fibrillation - intermittent | | | | Over 1 year |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Jan 5, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

| | | | | | | | |
|--|------------------------------------|---|--|---|--|---------------------|--|
| SIGNATURE S. Ralph Andrews Jr | | (Degree or title) M.D. | | ADDRESS Elbtown, Md | | DATE SIGNED 5/10/51 | |
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE 5-13-51 | NAME OF CEMETERY OR CREMATORY Methodist Church Hill | | LOCATION (City, town, or county) Cherry Hill, Cecil | | (State) Md | |
| DATE REC'D BY LOCAL REG. May 12 | REGISTRAR'S SIGNATURE F.H. Traeger | 24. FUNERAL DIRECTOR | | ADDRESS Joseph R. Evans North East Md | | | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

04786

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH- COUNTY <u>Cecil</u> <u>Maryland</u> <u>MARYLAND</u> | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Perry Point</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Perry Point</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS <u>1154 Ave. A</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Sara</u> (First) <u>Davis</u> (Middle) <u>Mc Greevy</u> (Last) | | 4. DATE (Month) (Day) (Year) OF DEATH <u>5/30/51</u> 19 <u>51</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Unknown</u> |
| 9. AGE last birthday <u>About 72 yrs.</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Scranton, Pa.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>James J. Moran</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Sara J. Mc Hale</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) | |
| 16. SOCIAL SECURITY No. <u>none</u> | | 17. INFORMANT AND ADDRESS <u>Dr. Joan McGreevy, Perry Point, Md.</u> | |

| | | |
|---|----------------------------------|---|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) <u>Congestive Heart Failure</u> | | <u>2 mo.</u> |
| Antecedent cause(s) (b) <u>Arteriosclerotic heart disease</u> | | <u>10 yrs.</u> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|-----------|--|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE | (Specify) | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE John A. Fisher, M.D. ADDRESS Veterans Hospital, Perry Point, Maryland DATE SIGNED

| | | | | |
|---|---------------|-------------------------------|----------------------------------|---------|
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
| <u>Burial</u> | <u>6/2/51</u> | <u>Angel Hill</u> | <u>Hayre de Grace, Md.</u> | |

| | | | |
|---|--|--|---------|
| DATE REC'D BY LOCAL REG <u>June 4/1951</u> | REGISTRAR'S SIGNATURE <u>Ida M. Daugherty</u> | 24. FUNERAL DIRECTOR <u>Pennington & Son, Hayre de Grace, Md.</u> | ADDRESS |
|---|--|--|---------|

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04787

Reg. Dist. No. 96

| | | | |
|---|---------------------------|--|--------------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Massachusetts COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Jamaica Plain | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | STREET ADDRESS (If rural, give location) 5 Fordham Court | |
| 3. NAME OF DECEASED (Type or Print) LILLIAN E. MC INTYRE | | 4. DATE OF DEATH (Month) May (Day) 22 (Year) 1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 10-15-1882 |
| 9. AGE last birthday 68 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator | |
| 11. BIRTHPLACE (State or foreign country) Massachusetts | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY No. WWI | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

| | | | |
|---|--|---|--|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| Immediate cause (a) Hemorrhage, cerebral due to | | | |
| Antecedent cause(s) (b) Arteriosclerosis, cerebral. Arteriosclerosis generalized | | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | | | |
| HOMICIDE INJURY | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |
| HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from April 26, 1943, to May 22, 1951, and that I saw the deceased and that death occurred at 4:05 a.m., from the causes and on the date stated above. | | | |
| SIGNATURE E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. | | DATE SIGNED 5-23-51 | |
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | | DATE THEREOF 5-23-51 | |
| NAME OF CEMETERY OR CREMATORY St. Joseph's | | LOCATION (City, town, or county) Boston, Mass. | |
| DATE REC'D BY LOCAL REG. May 23, 1951 | | REGISTERAR'S SIGNATURE Ida M. Douglasty | |
| FEDERAL DIRECTOR | | ADDRESS PENNINGTON & SON, Havre de Grace, Md. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04788

Reg. Dist. No. 96

| | | | |
|---|---------------------------|--|-------------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Perryville | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Perryville | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) Bu nah | (Middle) F. | (Last) Moore |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 2-14-1907 |
| 9. AGE last birthday 44 yrs. | | 4. DATE (Month) (Day) (Year) OF DEATH May 26, 1951 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Crit Flanery | | 14. MOTHER'S MAIDEN NAME Polly Kiney | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY No. | |
| (If year, give war or dates of service) | | 17. INFORMANT AND ADDRESS Irene Sanders, Sparta, N. Carolina. | |

| | | | |
|---|----------------------------|---------------------------|----------------------------------|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause | (a) Pulmonary Tuberculosis | | 1949 |
| Antecedent cause(s) | (b) Chronic Myocarditis | | 1948 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 16, 1951, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
 Clarence J. Brown, M.D. Port Deposit, Md. 5/27/51

| | | | |
|---|--|---|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-31-1951 | NAME OF CEMETERY OR CREMATORY Principio | LOCATION (City, town, or county) (State) Principio Furnace, Md. |
| DATE REC'D BY LOCAL REG. May 31-1951 | REGISTRAR'S SIGNATURE J. M. Dougherty | 24. FUNERAL DIRECTOR W. A. Patterson & Son | ADDRESS Perryville, Md. |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04789

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

| | | | |
|---|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Mass.</u> COUNTY <u>Windsor</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fort Myer</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Arlington</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Carroll's Back Cabin</u> | | STREET ADDRESS (If rural, give location) <u>St. Paul's Road</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Edward H NEVILLE</u> | | 4. DATE OF DEATH (Month) <u>5</u> (Day) <u>10</u> (Year) <u>1951</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Widowed</u> | 8. DATE OF BIRTH <u>3-17-1878</u> |
| 9. AGE last birthday <u>73</u> yrs. | | 10. CITIZENSHIP OF WHAT COUNTRY <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| <u>Retired Marine Corp</u> | | <u>Unknown</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Cork-Ireland</u> | | 12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u> | |
| 13. FATHER'S NAME <u>Edward Neville</u> | | 14. MOTHER'S MAIDEN NAME <u>Ellen Howard</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | |
| 17. INFORMANT <u>George Le Carriere Jr.</u> | | | |

18. MEDICAL CERTIFICATION

| | | |
|--|--|----------------------------------|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <u>Acute Coronary Occlusion</u> | | |
| Antecedent cause(s) (b) <u>4/20/1942</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | |

| | | |
|---|---|---|
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

| | | | |
|--|-------------------------|--------------------------------|--|
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereof and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | |
| SIGNATURE (Degree or title) <u>Dr. W. E. Nelson D.M.E.</u> | | ADDRESS <u>Wilmington, Md.</u> | |
| DATE SIGNED <u>5/10-51</u> | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5/14/51</u> | <u>Calvary</u> | <u>Waltham, Mass.</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS |
| <u>May 10, 1951</u> | <u>Ida M. Dougherty</u> | <u>Pennington & Son</u> | <u>Waltham, Mass.</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

240 546

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04790

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH- COUNTY Cecil | | MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Bayview | | LENGTH OF STAY (In this place) all life | | CITY (If outside corporate limits, write RURAL and give nearest town) Bayview | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) SENA | | (First) (Middle) W | | (Last) OWENS | |
| 4. DATE OF DEATH | | (Month) 5 (Day) 25 (Year) 1951 | | | |
| 5. SEX F. | | 6. COLOR OR RACE White | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED | |
| 8. DATE OF BIRTH 6-29-1855 | | 9. AGE last birthday 95 yrs. | | 10. If under 1 year Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Calvert, Kent Co. Md. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.C. | | 13. FATHER'S NAME Milton White | | 14. MOTHER'S MAIDEN NAME Martha Colwell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY No. | | 17. INFORMANT | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Serious General Debility

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing in the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04791

CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH- COUNTY Cecil | | MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland | | COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | LENGTH OF STAY (in this place) 1 Mo. 21 days | | CITY (If outside corporate limits, write RURAL and give nearest town) Perryville | | | |
| TOWN | | | | STREET ADDRESS Front | | (If rural, give location) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | | | | | | | |
| 3. NAME OF DECEASED (First) HARRY | | (Middle) P. | | (Last) PHILLIPS | | 4. DATE OF DEATH (Month) May (Day) 2 (Year) 19 51 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | | 8. DATE OF BIRTH 8-18-1893 | |
| | | | | 9. AGE last birthday 57 yrs. | | 10. If under 1 year Months 8 Days 14 Hours 14 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) New York | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Elmer Phillips - Deceased | | | | 14. MOTHER'S MAIDEN NAME Ella Brooks - Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | (If yes, give war or dates of service) WW-I | | 16. SOCIAL SECURITY No. Unknown | | 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pneumonia, bronchial due to

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma, metastatic, generalized, primary site unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1951, to May 2, 1951, that I last saw the deceased alive on Dec. 20, 1950, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

5-3-51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 3, 1951

Dr. M. Douglasty

Pennington & Son

9700VV

PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04792

Reg. Dist. No. 91

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chesapeake City</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chesapeake City</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>William H. Pyle Res. Cayot Corner</u> | | STREET ADDRESS (If rural give location) <u>William H. Pyle Res. Cayot Corner</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Emily</u> | (Middle) <u>—</u> | (Last) <u>Pyle</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan 31 1882</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday <u>69</u> yrs. If under 1 year Months Days Hours Min. |
| 11. BIRTHPLACE (State or foreign country) <u>chester ville, md.</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME <u>William Edward Sanders</u> | | 14. MOTHER'S MAIDEN NAME <u>Emily Covey</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT <u>George Pyle</u> | | | |

18. MEDICAL CERTIFICATION

| | |
|---|----------------------------------|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <u>Cerebral Hemorrhage</u> | <u>12 days</u> |
| Antecedent cause(s) (b) <u>Generalized Arteriosclerosis</u> | |
| (c) | |

| | |
|---|---|
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Apr 27, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 11:25 m., from the causes and on the date stated above.

SIGNATURE Wallace Chambers, M.D. ADDRESS Cecil, Md. DATE SIGNED May 9, 1951

| | | | |
|--|----------------------------|-------------------------------|--|
| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5/12/51</u> | <u>Bethel</u> | <u>New Chesapeake City, Md.</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>May 11-1951</u> | <u>Mrs. P. H. H. H. H.</u> | <u>W. H. Pyle & Son</u> | <u>Cecil, Md.</u> |

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04793

Reg. Dist. No.

| | | | | | |
|--|----------------------------------|---|--|----------------------|---|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Cecil COUNTY | | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN | | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Unknown | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spaghetti House, Elkton, Md. | | | STREET ADDRESS (If rural, give location) Pronounced dead | | |
| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) (Day) (Year) |
| Baby | | | Rowe | May 31, 1951 | 19 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) UNKNOWN Md. |
| 13. FATHER'S NAME UNKNOWN | | | 14. MOTHER'S MAIDEN NAME Pauline Rowe | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY No. | | 17. INFORMANT |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Comminuted fracture of skull with subdural and subarachnoid hemorrhage.**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

983x

165

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing in the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office, etc.)
 INJURY **Home**

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY? Yes ☒ No ☐

TIME (Month) (Day) (Year) (Hour)
 OF INJURY **5-30-51 3 A.m.**

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

of same.

Mother delivered baby and disposed

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

R. B. Fisher

700 Fleet Street

6-4-51

23. REMOVAL, CREMATION, OR OTHER DISPOSITION (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

6/4/51

City Morgue

Baltimore

MD

DATE REC'D BY LOCAL REG. **7/31/51**

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

a a Reduth

R. B. Fisher M.D.

505311/99V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 31 1951
BUREAU T. J.
DATE 7/31/51
COPY SENT TO LOCAL REGISTRAR No. 20

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04794

Reg. Dist. No. 92

| | | | |
|--|---------------------------|--|------------------------------|
| 1. PLACE OF DEATH COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Cecil | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Elkton | | CITY (If outside corporate limits, write RURAL and give nearest town) Elkton | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS South Bridge | | STREET ADDRESS (If rural, give location) 524 Boon St. | |
| 3. NAME OF DECEASED (Type or Print) John M. A. Hister Sentman | | 4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1951 | |
| 5. SEX Mr. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH 3-4-1892 |
| 9. AGE last birthday 59 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Distributor Beer Bus. | |
| 11. BIRTHPLACE (State or foreign country) Fairhill Ind. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Cecil T. Sentman | | 14. MOTHER'S MAIDEN NAME Mary Note | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. 218-03-2771 | |
| 17. INFORMANT Katharine Sentman | | | |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Strangulation, by hanging

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, etc.) OF INJURY

(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 5 6 1951 8:30 pm

INJURY OCCURRED While at work Not while at work

HOW DID INJURY OCCUR? Hung himself in store room

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

SIGNATURE (Degree or title) Dr. H. E. Dockson Dm E ADDRESS Perryville, Md. DATE SIGNED 5-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5-8-1951 NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem. Park LOCATION (City, town, or county) Elkton, Md. (State) Rural

DATE REC'D BY LOCAL REG. May 7 REGISTRAR'S SIGNATURE J. K. Frazer 24. FUNERAL DIRECTOR L. A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

300688

RECEIVED
MAY 9 1941

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04795

CERTIFICATE OF DEATH

Reg. Dist. No. 96

| | | | |
|---|------------------------|--|----------------------------|
| 1. PLACE OF DEATH- COUNTY Cecil MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE District of Columbia COUNTY | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Perry Point | | CITY (If outside corporate limits, write RURAL and give nearest town) Washington | |
| TOWN | | TOWN | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans' Administration | | STREET ADDRESS (If rural, give location) 314 - 9th Street, N.W. | |
| 3. NAME OF DECEASED (First) (Middle) (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| TONY SCRO | | May 17 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 2-16-1894 |
| 9. AGE last birthday 57 yrs. | | 10. KIND OF BUSINESS OR INDUSTRY Unknown | |
| 11. BIRTHPLACE (State or foreign country) Italy | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME Unknown | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | 16. SOCIAL SECURITY No. None | |
| 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | | | |

| | | |
|--|--|----------------------------------|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) Pneumonia, bilateral | | 36 to 48 hrs. |
| Antecedent cause(s) (b) Coronary sclerosis. Arteriosclerosis generalized | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | |

| | | |
|---|---|--|
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov. 21, 1947, to May 17, 1951, that I last saw the deceased

and that death occurred at 6:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 5-18-51

| | | | | |
|---|----------------------|--|---|---------|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5-19-51 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. | (State) |
|---|----------------------|--|---|---------|

DATE REC'D BY LOCAL REG. May 19, 1951 REGISTRAR'S SIGNATURE Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04796

CERTIFICATE OF DEATH

Reg. Dist. No. 92

| | | | | | |
|---|--------------------------------|--|-------------------|---|--|
| 1. PLACE OF DEATH- COUNTY <u>Cecil</u> | | MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkton</u> | | LENGTH OF STAY (in this place) <u>6 days</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkton Rd</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lennon Hospital</u> | | | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
| <u>JAMES</u> | | <u>E</u> | <u>STANTON JR</u> | <u>5</u> | <u>6</u> 19 <u>51</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W hite</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>12-8-49</u> | 9. AGE last birthday <u>1</u> yrs. If under 1 year Months/ Days If under 24 hrs. Hours/ Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>ELKTON Md</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>James E Stanton Sr</u> | | 14. MOTHER'S MAIDEN NAME <u>Dorothy Edwards</u> | | 15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | |
| 16. SOCIAL SECURITY No. <u>-</u> | | 17. INFORMANT AND ADDRESS <u>James E Stanton Elkton Md.</u> | | | |

| | | |
|---|---|----------------------------------|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) <u>Meningitis. Not considered to be tubercular.</u> | <u>6 days</u> |
| Antecedent cause(s) | (b) <u>(5/16/51 akc)</u> | |

| | | |
|---|--|--------------------------------------|
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | (c) <u>spastic</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Cerebral injury, spastic type</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION |
| | | <u>Since birth</u> |

| | | | | | |
|--|--|---|-----------------------|----------|---------|
| 21. ACCIDENT (Specify) | | PLACE (Home, farm, factory, street, OF office hldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| SUICIDE HOMICIDE | | INJURY | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from May 1, 1951, to May 6, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 8:00 A m., from the causes and on the date stated above.

| | | | | |
|---|--|---|--|---------------------------|
| SIGNATURE <u>S. O. [Signature]</u> | | (Degree or title) <u>M.D.</u> | ADDRESS <u>Elkton Md</u> | DATE SIGNED <u>5/6/51</u> |
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE <u>5-8-51</u> | NAME OF CEMETERY OR CREMATORY <u>Methodist Church</u> | LOCATION (City, town, or county) <u>Elkton PA 05</u> | (State) <u>Md</u> |
| DATE REC'D BY LOCAL REG. <u>May 7</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 24. FUNERAL DIRECTOR <u>Joseph R. [Signature]</u> | ADDRESS <u>Franklin East [Signature]</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04797

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH COUNTY <u>Cecil</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Cecil</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Port Deposit</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Port Deposit</u> | |
| TOWN <u>Port Deposit</u> | | TOWN <u>Port Deposit</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Payneal Nursing Home</u> | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Laura V. VANNORT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 1957</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Nov. 22, 1858</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday <u>92</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min. |
| 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>John V. Vannort</u> | | 14. MOTHER'S MAIDEN NAME <u>Caroline Todd</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. | |
| 17. INFORMANT AND ADDRESS <u>Miss Lizzie Atkinson, Port Deposit, Md.</u> | | | |

| | | |
|---|---|--|
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause (a) <u>Chronic Myocarditis</u> | | |
| Antecedent cause(s) (b) <u>Hypertension, atherosclerosis</u> | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT (Specify) SUICIDE HOMICIDE | PLACE (Home, farm, factory, street, office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4/30, 1957, to 5/10, 1957, that I last saw the deceased alive on 5/10, 1957, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willie Dockon MD. Prining Summit 5/12-57

| | | | |
|--|-----------------------|----------------------------------|--|
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>May 15, 1957</u> | <u>Asheville Cemetery</u> | <u>Port Deposit, Ind. Rural</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>May 14 - 57</u> | <u>Ann Whington</u> | <u>W. A. Patterson & Son</u> | <u>Perryville, Md.</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

